



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Manderely Lodge
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	26 July 2021
Centre ID:	OSV-0002445
Fieldwork ID:	MON-0033658

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre provides 24 hour care and currently accommodates up to 5 female adults from 18 years upwards, with an intellectual disability. The house is a two storey detached house. On the ground floor there is an entrance hallway, a main kitchen cum dining room, a sitting room, a utility room and one double bedroom with an en suite. On the first floor there are four bedrooms one with a shower facility. There is also a main bathroom and a hot press. The external of the premises is fully accessible for residents and parking is available to the front and side of the premises. The house is located on the edge of a large town in Co. Cavan within walking distance to all local amenities. The centre employs seven full-time care assistants and a CMNII (person in charge) on a part-time bases (shared responsibility for another centre). During the day there is always two staff on duty and at night one waking staff. On-call support service is also provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 26 July 2021	10:30 am to 6:30 pm	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre provides residential services to five residents. This inspection was carried out during the COVID-19 pandemic and all public health measures were adhered to during the inspection.

On arrival to the centre, the residents were getting ready to go out on a day trip to a tourist town, and a staff member told the inspector the residents had been planning this trip for a number of weeks. The inspector met four of the five residents briefly before they went out. One of the resident said she was going to have a meal out on their trip and another resident said they would be going to a hotel during the day.

Residents told the inspector they liked living in the centre and everyone there was nice. The person in charge supported one of the residents to tell the inspector about the gardening activities they had been doing over the past few months. Another resident showed the inspector the kitchen and dining area, and said she enjoyed helping with cooking and especially baking scones. Two resident questionnaires were also reviewed in which the residents said they were happy with the services and facilities in the centre. They also stated they would go to the staff or person in charge if they had any worries.

The centre was homely, comfortable and suitably furnished to meet the needs of the residents. The person in charge told the inspector the residents had recently gone shopping and chosen a new suite of furniture for the sitting room, and the inspector saw this had been supplied. There was personal photos and artwork on display throughout the centre and three residents showed the inspector collage pictures they had completed which were hung in the sitting room. Since the last monitoring inspection, the external pavement had been resurfaced and the external areas of the property were fully accessible.

Each of the residents had their own bedroom. The inspector had permission from two residents to view their bedrooms, which were nicely decorated and had sufficient storage for the residents to store their clothing and personal items.

From meeting with residents, discussing practices with the person in charge and from reviewing documentation, the inspector found some of the residents needs had been met. In particular residents were supported to have active lifestyles, and enjoyed a broad range of social trips. However, significant concerns were identified in the provision of appropriate and safe healthcare, and in medicines management. This was compounded by a lack of oversight by the person in charge and the provider in relation to the healthcare risks which were not being addressed at the time of inspection.

Healthcare interventions had been inappropriately delegated to the care staff employed in the centre, who did not have the necessary skills or knowledge to meet

the residents' emerging needs. While there was a system in place for care staff to get nursing support in the event a resident became unwell, on a number of occasions recently, an appropriate and safe response had not been provided to ensure residents' healthcare needs were met and risks were mitigated. An immediate action was issued to the provider on the day of inspection and is detailed further in the report.

The inspector met briefly with a staff member on the morning of the inspection, and the residents appeared comfortable in the presence of staff. While consideration had been given to some of the rights of residents in terms of privacy and dignity, the inspector found that there was an over reliance on phone consultations with healthcare professionals for medical issues. For example, a resident had recently presented with concerning symptoms; however, an in-person appointment had not been sought with a medical practitioner, or the basic monitoring or observations completed by a professionally qualified person. Given the lack of clinical knowledge of the care staff team, and the inappropriate delegation of healthcare tasks to these staff members, the inspector was not assured that adequate support was being sought for residents during periods of ill-health, and that the opinions and experience of residents was being considered as part of remote consultations. In this regard, the inspector found residents were not supported to participate in decisions about their healthcare.

The next two sections will describe the governance and management arrangements in the centre and how these arrangements have impacted on the quality of service the residents received.

Capacity and capability

The overall governance and management of this centre was not effective and there were unsafe and inappropriate practices in the centre. The provider had not ensured that the appropriate staff resources were in place, or being utilised consistent with the skills and knowledge of the staff team. There had been inappropriate delegation of healthcare interventions to the care staff employed in the centre, and a lack of safe leadership and guidance in medicines management practices. Consequently residents were not provided with appropriate and timely healthcare interventions and were exposed to unnecessary risks. While there were systems in place to monitor the services provided, these audits had failed to identify the risks identified on this inspection, specifically related to staffing, healthcare, medicines management and residents' rights.

There was a clearly defined management structure in the centre. Staff reported to the person in charge and the person in charge reported to an assistant director of nursing, and to a director of nursing. The person in charge was employed as a clinical nurse manager 2, and was on duty in the centre five days a week, four hours a day. On the days the person in charge was off, an arrangement was in place for

staff to contact a nurse in a nearby centre, in the event a resident required assistance. An out of hours on call management support was also provided by senior nurse managers.

There were a suite of audits in the centre including medicines management, health and safety, hygiene and person centred planning and the inspector reviewed a sample of these audits. Where required actions were developed to any identified issues and corrective action had been taken. The provider had completed six monthly unannounced visits. The inspector reviewed a sample of actions arising from audits, which were found to be completed within the specified timeframe. An annual review of the quality and safety of care and support had also been completed for 2020 and was reviewed post inspection. The views of a family member had been sought as part of this review. It was evident that a number of the actions were completed on the day of inspection, for example, monthly person centred planning reviews were taking place, a new suite of furniture had been purchased, and a pharmacy audit had been completed.

Notwithstanding the range of audits completed, the provider had failed to identify that there were poor practices in the centre, and had not sought assurances that the staff team had the necessary skills and knowledge to fulfil the duties which had been delegated to them. In addition, the provider had not effectively monitored the centre to ensure the systems in place for staff to seek assistance from a suitably qualified professional were robust and safe. Additionally the auditing processes in place specifically relating to medicines management and to person centred planning did not effectively assess all of the aspects of care provision.

While the numbers of staff on duty were sufficient, the staff to whom responsibility for healthcare provision had been delegated did not have the required skills or knowledge. This was evident from the actions taken in the centre when some residents had experienced periods of ill health. There were two care staff on duty during the day, and one care staff on duty at night time. The clinical nurse manager, as previously mentioned was on duty five days a week, for four hour shifts each of these days.

Staff had been provided with a range of mandatory and additional training. However, staff were not appropriately supervised on a day to day basis in terms of the provision of care and support to residents.

Regulation 15: Staffing

There were sufficient numbers of staff employed in the centre; however the staff did not have the required skills and knowledge to identify and respond appropriately to the healthcare needs of the residents, and healthcare interventions had been inappropriately delegated to care staff working in the centre.

Staffing rosters were appropriately maintained and since the last inspection the hours the person in charge worked in the centre were accurately recorded on

rosters.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training, for example safeguarding, fire safety, care of medicines, and basic life support. Training had also been provided in a range of infection control guidelines in response to the recent COVID-19 pandemic.

However, staff were not supervised appropriately on a day to day basis, specifically related to the provision of healthcare for residents, and the support and guidance given to care staff was unsafe, inadequate and put residents at risk of harm.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had not ensured the service provided was safe and effective and there was inadequate monitoring of the care and support provided to residents. There were auditing processes in the centre; however, the issues identified on this inspection had failed to be identified by the provider prior to the inspection.

Resources had not been effectively deployed so as to ensure the staff had the required skills and knowledge to comprehensively meet the needs of the residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been submitted to HIQA as part of the provider's application to renew the registration of this centre. The statement of purpose was updated on the day of inspection to accurately reflect the staffing arrangement in the centre. The revised statement of purpose contained all of the information as required in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

While the residents' social and personal care needs were identified and provided for, some of the healthcare needs of residents were not adequately assessed or planned for. Consequently the residents were not receiving an acceptable standard of healthcare services. There were poor practices relating to medicines management, and to assessing and monitoring residents' emerging healthcare risks. The rights of residents were not upheld with regard to their participation in decisions about their healthcare.

Some of the healthcare needs of residents had been assessed and there were plans in place to guide the practice in supporting residents with these needs. However, not all healthcare risks had been appropriately assessed and there were no plans in place in relation to some residents' mental health care needs.

As previously discussed there was an over reliance on remote consultations with healthcare professionals, and those staff working in the centre, who had been delegated the responsibility to respond to healthcare risks did not have the necessary skills or knowledge. Residents could access the general practitioner (GP) if unwell; however, the person in charge had not ensured that a review of residents' healthcare needs had been completed annually or to reflect a change in circumstance in line with the regulatory requirements. Additionally, the system in place to support residents when they became unwell was not adequate, and residents were not appropriately monitored or observed during these periods by an appropriately qualified professional. An immediate action was issued to the provider on the day of inspection. In response assurances were given by the provider with details of the measures they were taking to ensure there was an urgent review of the healthcare needs of all the residents by a medical practitioner, and to ensure there was effective oversight of the healthcare needs for residents living in the centre.

Residents were prescribed medicines as part of their overall healthcare interventions; however, some practices relating to medicine management were not safe. Complete records were not maintained on the decision to withhold some medicines, and there were no appropriate observations completed despite a resident presenting with deteriorating symptoms during some of the days when a medicine was withheld. Timely medical assistance was also not sought during this period. The procedure around receiving prescription by phone was not carried out in line with best practice, and a second staff member did not witness these prescription changes. The person in charge told the inspector the practice in the centre was not to get a second staff member to witness over the phone prescription orders. There were no documented evidence from the prescriber relating to these phone orders.

There was some evidence that the rights of residents were upheld, in particular maintaining the dignity and privacy of residents. However, the rights of residents to participate in decisions about their care was not consistently evident in the provision

of healthcare.

Residents did participate in the assessment and planning of their social care needs and goals had been developed in consultation with residents which reflected their interests and aspirations. For example, residents enjoyed a broad range of social opportunities, and from a review of records it was evident that residents were actively supported to use a variety of community amenities. In addition, residents' individual goals were actively pursued and regular reviews of the progress of goals took place. Family members were invited to attend a meeting in which the needs, plans and goals of residents were reviewed.

Where required residents had been supported to manage behaviours of concern, and support plans outlined the response staff should take to minimise risks, and to support residents during periods of heightened emotion. There were some restrictive practices in the centre which were applied in accordance with best practice. In addition, measures were in place to ensure the impact of such restrictions were minimised for other residents in the centre. Restrictive practices were subject to regular review.

There were systems in place to ensure residents were protected from abuse and all staff had received training in safeguarding. Intimate care plans were developed and had detailed support guides to ensure personal care was tailored to the individual needs of the residents, and to ensure the privacy and dignity of residents was maintained during care provision.

Good practice was identified in the management of adverse incidents. There had been a small number of incidents over the past 18 months and residents injuries had been attended to promptly and appropriately during these times. With the exception of some healthcare risks, all other individual risks were identified and control measures were in place to minimise the risks of harm to residents. For example, modified diets recommended by a speech and language therapist were provided to residents where a risk of choking had been identified, and additional support needs were planned for in personal emergency evacuation plans in the event there was a fire in the centre.

Risks relating the COVID-19 pandemic had also been assessed and there were suitable procedures in place for the prevention and control of infection. There was adequate hand hygiene facilities, personal protective equipment (PPE), and a range of accessible information on infection control precautions. Staff were observed to adhere to regular hand hygiene and to wear face masks in line with public health guidelines. The centre was clean and well maintained and an enhanced cleaning of high touch surfaces was completed regularly throughout the day. There was twice daily monitoring of resident and staff temperatures and symptoms, and the inspector observed these checks were also completed as visitors entered the centre. The provider had developed a COVID-19 contingency plan, which had recently been updated to reflect changes in public health guidelines. Staff had up to date training in infection control, donning and doffing PPE, and in hand hygiene. Good practice regarding food hygiene was also found to be in place.

Suitable fire safety systems were in place. Appropriate equipment was provided and this equipment had been recently serviced. Fire safety checks of equipment, fire alarm, means of escape and fire doors, had been completed in line with the centre procedures. Regular and timely fire drills were completed, which had included a simulated night time evacuation.

Regulation 17: Premises

The centre was clean and well maintained and there was adequate private and communal space. Since the last monitoring inspection, the external pavements had been resurfaced, which allowed residents safely access all external areas of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Most of the risks in the centre had been assessed and risk management plans were developed detailing the control measures in place to minimise the risk of harm to residents. Risk management plans were implemented in practice. Adverse incidents in the centre were appropriately reported and responded to.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable procedures were in place for the prevention and control of infection. The provider had developed and implemented procedures to respond to the risk of COVID-19. Staff had been provided with appropriate training in infection control. Good food hygiene practices were in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place in the centre. There were regular timely fire drills completed and the support needs of the residents in order to evacuate the centre, had been assessed and planned for. Suitable fire detection and fire fighting equipment along with appropriate containment measures were in place, and regular checks and servicing of equipment was completed. All staff had up-to-date training in fire safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The procedures for receiving emergency telephone orders, and for withholding some medicines were not safe, and were not in line with professional guidelines. A second staff member did not witness changes in prescription orders communicated by phone, and there was no written evidence available to confirm the changes to some of these prescription orders.

Suitable practices relating to ordering, receipt and storage of medicines were in place. The residents availed of the services of a local pharmacist, who had attended the centre and completed an audit.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Most of the needs of the residents had been assessed, and personal plans were developed and implemented to meet the social and personal care needs of residents. Residents were involved in the assessment process and in the development of plans and there was regular review of those needs which had been identified. Families had also been invited to attend review meetings.

Residents had been supported with their personal development, and the goals and plans residents had developed to realise their wishes were implemented in practice.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs had not been appropriately assessed and some residents emerging healthcare needs had not been responded to in a timely and appropriate way, so as to minimise the risk impact.

The provider had not ensured that appropriate healthcare was provided to residents, and the person in charge had not ensured that residents had received the required support during periods of illness.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents were provided with the appropriate behavioural support to meet their needs. Restrictive practices were implemented in accordance with best practice and measures were in place to minimise the impact of such restrictions on other residents living in the centre.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to ensure residents were protected from abuse in the centre. There were no safeguarding concerns in the centre. Staff had up-to-date training in safeguarding. Detailed intimate care plans set out the support residents needed to manage their personal care needs, while also ensuring their privacy and dignity was maintained.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents to participate in decisions about their care was not evidently upheld, specifically related to their healthcare needs.

Information was available for residents on an independent advocacy service.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Manderely Lodge OSV-0002445

Inspection ID: MON-0033658

Date of inspection: 26/07/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to meet compliance with Regulation 15: Staffing the following actions have been undertaken:</p> <ul style="list-style-type: none"> • A new Person in Charge has been appointed to this centre on 28/7/21. The Person in Charge holds the relevant knowledge, qualifications and experience which meets regulation 14 : Person in Charge. • The Person in Charge will provide the necessary level of supervision to staff within her remit and will have direct responsibility for all residents' medical and health care needs. • The person in charge will provide the appropriate oversight and implementation of all residents' health care needs within this centre. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: In order to meet compliance with Regulation 16: Training the following action has been undertaken:</p> <ul style="list-style-type: none"> • The provider has reviewed the current Healthcare Assistants Medication Management Policy and has made changes in relation to the administration of PRN medication (Completed on 30-08-2021) • All Health Care Assistants are scheduled for refresher training in the area of medication management. • The Person in Charge will review residents care notes on a daily basis within this centre and provide oversight and clinical supervision to staff in relation to medical and healthcare needs of all residents' residing in this centre. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to meet compliance with Regulation 23: Governance and management the following action has been undertaken:</p> <ul style="list-style-type: none"> • The provider has appointed a new Person in Charge to this centre on 28/7/21. The Person in Charge holds the relevant knowledge, qualifications and experience which meets Regulation 14 : Person in Charge. • The Registered Provider will continuously review the staffing skill mix in line with the changing needs of the residents. • A full medical and healthcare file review has been undertaken for the 5 residents within the centre on the 13/8/21. All actions identified have now been included on the centres overall quality improvement plan with strict timeframes for completion. • The centres Quality Improvement Plan has now been included for weekly monitoring through the General Manger office. • The centres monitoring and audit systems have been reviewed and updated. • The registered provider is meeting with the entire Person’s in Charge in Cavan Monaghan Disability Services on the newly revised monitoring and auditin 	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The provider has reviewed the current HCA Medication Management Policy and has made changes in relation to the administering of PRN medication (Completed on 30-08-2021) • A protocol has been developed for Health Care Assistants for guidance’s in the event of PRN medication required to be administered. (Completed on the 27-07-2021) • All Health Care Assistants are scheduled for retraining in the area of medication management. • The Person in Charge to monitor medication management and clinical needs on a daily basis for all residents residing within the centre. 	
Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
 In order to meet compliance with Regulation 6: Health care, the following actions has been undertaken:

- All residents in Manderely Lodge have received their annual review by their General Practitioner.
- A schedule is now in place for all residents residing in the centre to receive their annual review.
- A full medical and healthcare file review has been undertaken for the 5 residents within the centre on the 13/8/21. All actions identified have now been included on the centres overall quality improvement plan with strict timeframes for completion.
- The centres Quality Improvement Plan has now been included for weekly monitoring through the General Manger office.
- All Health care Assistants in the centre has been schedule for refresher training in the area of documentation and report writing.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 In order to meet compliance with Regulation 9: Residents' rights, the following actions has been undertaken:

- All residents in Manderely Lodge have received their annual review by their General Practitioner.
- A schedule is now in place for all residents residing in the centre to receive their annual review.
- Healthcare needs and related topics to women's health have been included in the residents meetings for discussion.
- The provider will continuously review the current staffing skill mix in this centre in line with resident's medical and health care needs.
- Person in Charge will review residents care notes on a daily basis within this centre and provide oversight and clinical supervision to staff in relation to medical and healthcare needs of all persons residing in this centre.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	28/07/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/08/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	28/07/2021

Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	02/09/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	15/09/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Red	12/08/2021
Regulation 06(3)	The person in charge shall ensure that residents receive	Not Compliant	Red	12/08/2021

	support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	30/08/2021